

9274

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. <u>53</u>	
1. PLACE OF DEATH				COUNTY <u>Graham</u> STATE <u>Ariz.</u> ARIZONA REGISTERED NO. <u>22</u>			
TOWNSHIP <u>of Thatcher</u> OR VILLAGE _____				CITY <u>Thatcher</u> NO. _____ ST. _____ WARD _____			
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)							
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED <u>5 1/2</u> YRS. _____ MOS. _____ DS. _____ HOW LONG IN U. S. IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DS. _____							
2. FULL NAME <u>Miles Reay Thatcher</u> ST. _____ WARD _____							
(A) RESIDENCE: NO. _____ (USUAL PLACE OF ABODE) IF NON-RESIDENT GIVE CITY OR TOWN AND STATE							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 10, 1938</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Emily Reay</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 26 1848</u>		22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Dec</u> 1937 TO <u>March 10</u> 1938			
7. AGE <u>89</u> YEARS MONTHS <u>7</u> DAYS <u>16</u>	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.		I LAST SAW HIM ALIVE ON <u>March 9, 1938</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>1:15 A. M.</u>				
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Farmer</u>	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____			THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>General Debility due to old age</u>			
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____	11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____			DATE OF ONSET _____			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>England</u>				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____			
13. NAME <u>George Luke Reay</u>				NAME OF OPERATION _____ DATE OF _____			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>England</u>				WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____			
15. MAIDEN NAME <u>Mary Marley</u>				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____ 19 _____			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>England</u>				WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)			
17. INFORMANT (ADDRESS) <u>St. W. L. Taylor, Central Arizona</u>				SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Thatcher</u> DATE <u>3/13/38</u>				MANNER OF INJURY _____ NATURE OF INJURY _____			
19. EMBALMER { LICENSE NO. _____ SIGNATURE _____ } FUNERAL DIRECTOR { ADDRESS _____ }				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>NO</u>			
20. FILED <u>April 9 1938</u> REGISTRAR <u>Chas. L. Long</u>				IF SO, SPECIFY _____ (SIGNED) <u>A. E. Reiff</u> M. D. _____ (ADDRESS) <u>Thatcher, Ariz.</u>			
10M-11-22-34-REP-GRZ PRINTERY FORM 3							

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION